

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 89/889300  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		0		0		0
5		0		0		0
6		0		0		0
7		0		0		0
8		0		0		0
9		0		0		0
10		0		0		0
11		0		0		0
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TOTAL IND.	1		1		1	
TOTAL DEP.	14		19		7	
TOTAL CLAIMS	15		20		8	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS